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**PATENT**  
Attorney Docket No. 402869/NIH  
DHHS Reference No. E-319-2003/0-US-1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

URQUIDI-MACDONALD et al.

Art Unit: 1615

Application No. 10/810,809

Examiner: Unassigned

Filed: March 29, 2004

For: NEURAL NETWORK PATTERN  
RECOGNITION FOR PREDICTING  
PHARMACODYNAMICS USING PATIENT  
CHARACTERISTICS

**REQUEST TO ASSOCIATE  
APPLICATION WITH CUSTOMER NUMBER**

Commissioner for Patents  
U.S. Patent and Trademark Office  
Randolph Building  
401 Dulany Street Customer Service Window, Mail Stop  
Alexandria, VA 22314

Please associate the subject application with Customer Number:

45732

Correspondence concerning this application should be directed to Leydig, Voit & Mayer: Customer Number 45732.

45732

The undersigned has power of attorney with respect to the subject application, as evidenced by the attached document, which is a copy of a previously filed document in the subject application or a parent application.

Respectfully submitted,

Jeremy M. Jay, Reg. No. 33,587

MEYDIG, VOIT & MAYER

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Washington, DC 20005-3960

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Date:

*21 Apr. 2005*



PATENT  
Attorney Docket No. 402869/NIH  
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PSU: 2003-2823

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION  
AND POWER OF ATTORNEY

- ☒ Declaration Submitted with Initial Filing OR  
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first, and sole inventor (*if only one name is listed below*) or an original, first, and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NEURAL NETWORK PATTERN RECOGNITION FOR PREDICTING PHARMACODYNAMICS  
USING PATIENT CHARACTERISTICS

the specification of which:

- ☒ is attached hereto.  
☐ was filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (*if applicable*).  
☐ was filed by Express Mail No. \_\_\_\_\_ as Application No. *not known yet*, and was amended on \_\_\_\_\_ (*if applicable*).  
☐ was filed on \_\_\_\_\_ as PCT International Application No. PCT/ \_\_\_\_\_ and was amended on \_\_\_\_\_ (*if any*).

I state that I have reviewed and understand the contents of the specification identified above, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I claim foreign priority benefits under 35 USC 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) designating at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, utility model, design registration, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter and having a filing date before that of the application(s) from which the benefit of priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed		Certified Copy Attached?	
			YES	NO	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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In re Appln. of URQUIDI-MACDONALD et al.  
Attorney Docket No. 402869/NIH

As a named inventor, I hereby appoint the National Institutes of Health, Office of Technology Transfer, 6011 Executive Blvd., Ste. 325, Rockville, Maryland 20852-3804, Telephone (301) 496-7056, as Principal Attorneys and to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith: Customer Number 05318.

05318

Please recognize Leydig, Voit & Mayer as Associate Attorneys in this case: Customer Number 23548.

23548

I further direct that correspondence concerning this application be directed to Leydig, Voit & Mayer: Customer Number 23548.

23548

I declare that all statements made herein of my own knowledge are true, that all statements made on information and belief are believed to be true, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Mirna URQUIDI-MACDONALD

Inventor's signature Mirna Urquidi-Macdonald

Date March 25, 2004

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Full name of second joint inventor, if any: Darrell ABERNETHY

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

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Residence: Annapolis, MD  
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Post Office Address: 3740 Thomas Point Road, Annapolis, MD 21403  
(complete mailing address)

In re Appln. of URQUIDI-MACDONALD et al.  
Attorney Docket No. 402869/NIH

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Full name of sole or first inventor: Mirna URQUIDI-MACDONALD

Inventor's signature \_\_\_\_\_

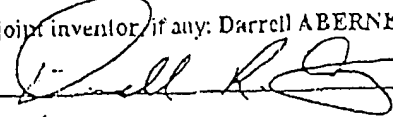
Date \_\_\_\_\_

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Residence: State College, PA  
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(complete mailing address)

Full name of second joint inventor, if any: Darrell ABERNETHY

Inventor's signature  \_\_\_\_\_

Date 3/29/04 \_\_\_\_\_

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